5

Mikera Manning
Keira Stafford
Carmen Moore
Lamalcolm Ewing
Isiah Williams

Plaintiff(s),

v.

DPD officer Green
" " Lord
~~DPD Commander Bettison~~
The City of Detroit
John Doe Unknown officers at the incident
DPD Chief James Craig

Defendant(s).

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

Case:2:16-cv-12688
Judge: Murphy, Stephen J.
MJ: Grand, David R.
Filed: 07-20-2016 At 12:47 PM
CMP WILLIAMS ET AL V. CITY OF DETROIT ET AL (DA)

REQUEST FOR SERVICE BY U.S. MARSHAL

For use only by nonprisoners filing new civil cases.

If my application to proceed without prepaying fees or costs is granted, I request service of the summons and complaint by a U.S. Marshal. If the judge grants service, you may have to pay the U.S. Marshal for the cost.

Date: 7/13/2016

[signature]
Signature of Applicant

Isiah Williams
Printed Name

23836 Florence
Address

Det, MI 48219
City, State, Zip Code

313.205.0956
Telephone Number

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF Mikera Manning et.al	COURT CASE NUMBER [redacted]
DEFENDANT The City of Detroit et.al	TYPE OF PROCESS

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Jason Lord CPL 4540

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
13530 Lesure st Det, MI 48227

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Isiah Williams
17301 Livernois Suite 401
Det. MI. 48221

Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold Fold

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Yolonda Campbell	☒ PLAINTIFF ☐ DEFENDANT	313-415-3976	7/18/2016

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.____	District to Serve No.____	Signature of Authorized USMS Deputy or Clerk	Date

I hereby certify and return that ☐ have personally served , ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*	☐ A person of suitable age and discretion then residing in defendant's usual place of abode	
Address *(complete only different than shown above)*	Date	Time ☐ am ☐ pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including *endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRIOR EDITIONS MAY BE USED

PRINT 5 COPIES:
1. **CLERK OF THE COURT**
2. **USMS RECORD**
3. **NOTICE OF SERVICE**
4. **BILLING STATEMENT***: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. **ACKNOWLEDGMENT OF RECEIPT**

FORM USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

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PLAINTIFF: MiKerA MAnning et. al	COURT CASE NUMBER: [redacted]
DEFENDANT: the City of Detroit Et. Al	TYPE OF PROCESS

SERVE AT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: PAuletta GReen 4530 Police officer DPD
ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*: 13530 Lesure st Det. MI. 48227

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Isiah Williams 17301 Livernois Suite 401 Det. MI. 48221	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

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Fold Fold

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Colondo Campbell	☒ PLAINTIFF ☐ DEFENDANT	313.415.3976	7/18/2016

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Address *(complete only different than shown above)*	Date / Time ☐ am ☐ pm
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United States Marshals Service

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PLAINTIFF Mikera Manning et. al	COURT CASE NUMBER [redacted]
DEFENDANT The City of Detroit et. al	TYPE OF PROCESS

SERVE AT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: The City of Detroit
ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*: 2 Woodward Ave Suite 500 Det. MI 48226

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Isiah Williams 17301 Livernois Suite 401 Det. MI. 48221	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE ***(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):***

Fold — Suite 500 — Fold

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Yolonda Campbell	☒ PLAINTIFF ☐ DEFENDANT	313.415.3976	7/18/2016

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		No. ____	No. ____		

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Name and title of individual served *(if not shown above)*	☐ A person of suitable age and discretion then residing in defendant's usual place of abode	
Address *(complete only different than shown above)*	Date	Time ☐ am ☐ pm
	Signature of U.S. Marshal or Deputy	

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PLAINTIFF MiKeRA MANNiNg et.al	COURT CASE NUMBER [redacted]
DEFENDANT The City of Detroit et.al	TYPE OF PROCESS

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
James CRAig Chief of Police

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
1301 3rd st. Det, MI. 48226 Suite 751

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Esiah Williams 17301 Livernois Suite 401 Det. MI. 48221	Number of process to be served with this Form 285	
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	Check for service on U.S.A.	

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Fold — Fold

Suite 751

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Colondo Campbell	☒ PLAINTIFF ☐ DEFENDANT	313.415.3976	7/12/2016

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